Phone: 703-683-0500



|                             |          | 0                                                                                                                                                                                                                        |               |                 |                                      |                                               | -         |  |  |  |  |
|-----------------------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------|--------------------------------------|-----------------------------------------------|-----------|--|--|--|--|
|                             |          |                                                                                                                                                                                                                          |               |                 |                                      |                                               | DUPLICATE |  |  |  |  |
| Addre                       | ess to:  | Commiss                                                                                                                                                                                                                  | ionar for     | Datanta         | Attorney Docket No.                  | EM/LEE/5931                                   | . 0       |  |  |  |  |
| Вох                         | PAT      | ENT APPL                                                                                                                                                                                                                 | LICATION      |                 | First Named Inventor (or identifier) | Vincent K. LE                                 | E 4 5     |  |  |  |  |
| Wa                          | shing    | ton, DC 20                                                                                                                                                                                                               | )231<br>      |                 | Total Pages                          | 17                                            | u. s      |  |  |  |  |
|                             |          | Transmitt                                                                                                                                                                                                                | ed herew      | ith is a pate   | ent application un                   | der 37 CFR 1.5                                |           |  |  |  |  |
| Е                           | ntitled: | MOUSE CASING WITH LIQUID ORNAMENT                                                                                                                                                                                        |               |                 |                                      |                                               |           |  |  |  |  |
| ⊠                           | 1.       | Submitted herewith are the following:                                                                                                                                                                                    |               |                 |                                      |                                               |           |  |  |  |  |
|                             |          | 7 pages of specification, including claims and Abstract. 7 sheets of FORMAL drawings. 1 claims. 1 Oath/Declaration signed by each inventor. 1 signed Inventor Small Entity Statement. 1 check in the amount of \$345.00. |               |                 |                                      |                                               |           |  |  |  |  |
| ⊠                           | 2.       | The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17, to Deposit Account No. 02-0200.                                                   |               |                 |                                      |                                               |           |  |  |  |  |
|                             | 3.       | Insert before the first sentence of the specification: This application claims the benefit of provisional application number filed                                                                                       |               |                 |                                      |                                               |           |  |  |  |  |
|                             | 4.       | Insert before the first sentence of the specification: This application is a Continuation-in-part of nonprovisional application number filed                                                                             |               |                 |                                      |                                               |           |  |  |  |  |
|                             | 5.       | Other:                                                                                                                                                                                                                   |               |                 |                                      |                                               |           |  |  |  |  |
|                             |          | THE FILIN                                                                                                                                                                                                                | IG FEE IS CAL | CULATED AS FOLI | LOWS:                                | Basic Fee:                                    | \$690.00  |  |  |  |  |
| Total Claims: 1 - 2         |          |                                                                                                                                                                                                                          |               | - 20 =          | 0                                    | X \$18 =                                      | 0.00      |  |  |  |  |
| Independent Claims: 1 - 3 = |          |                                                                                                                                                                                                                          |               | - 3 =           | 0                                    | X \$78 =                                      | 0.00      |  |  |  |  |
| Corre                       |          | ce Address:                                                                                                                                                                                                              |               | · · ·           | Multiple Depend                      | Multiple Dependent Claim (add \$260.00): 0.00 |           |  |  |  |  |
|                             |          | ON & THOM<br>Slaters Lane                                                                                                                                                                                                |               |                 |                                      | Subtotal: 690.0                               |           |  |  |  |  |
|                             |          | andria, VA 2                                                                                                                                                                                                             |               |                 | 50% Reduc                            | 50% Reduction if Small Entity Status: 345.00  |           |  |  |  |  |

Date: Name: Signature: Reg. No. August 17, 2000 Eugene Mar 25,893

Fax: 703-683-1080

50% Reduction if Small Entity Status:

Total:

(29Dec1999)

345.00

345.00

## VERIFIED STATEMENT (DECLARATION) BY AN INDEPENDENT INVENTOR CLAIMING SMALL ENTITY STATUS UNDER 37 CFR 1.9(f) AND 1.27(b)

| Applicant or                                                                      | Patentee: VIN                                                                                                                        | ICENT K. L                                                                                                                   | H                                                                                                                                                                         | Docket #:                                                                                                                          |                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Serial or Patent Number: Group Art                                                |                                                                                                                                      |                                                                                                                              |                                                                                                                                                                           |                                                                                                                                    | :                                                                                                                                                                                 |
| Filed or issue                                                                    | ed:                                                                                                                                  | اما و مسا                                                                                                                    | UD ADMAMEAT                                                                                                                                                               | Examiner:                                                                                                                          |                                                                                                                                                                                   |
| IIIe: MOU                                                                         | SE CASING                                                                                                                            | WITH LIGH                                                                                                                    | UID ORNAMENT                                                                                                                                                              | <u> </u>                                                                                                                           |                                                                                                                                                                                   |
| ying reduced The i The i                                                          | i fees to the Pate<br>specification files<br>patent application                                                                      | ent and Trademari<br>d herewith, with to<br>n identified above<br>all patent application                                     | k Office with regard to the m<br>the title as listed above.                                                                                                               | t inventor as defined in atter described in:                                                                                       | 37 CFR 1.9(c) for purposes of                                                                                                                                                     |
| ense any rigi                                                                     | hts in the inventi                                                                                                                   | ion to any person<br>, or to any conce                                                                                       | sed and am under no obligation who could not be classified in which would not qualify a                                                                                   | as an independent inven                                                                                                            | v to assign, grant, convey or<br>stor under 37 CFR 1.9(c) if that<br>ern under 37 CFR 1.9(d) or a                                                                                 |
| law to session                                                                    | n, grant, convey                                                                                                                     | ization to which le or license any ri                                                                                        | ights in the invention is listed                                                                                                                                          | weyed or licensed or am<br>below:                                                                                                  | a under an obligation under con                                                                                                                                                   |
| ach cach                                                                          | such person, cor                                                                                                                     | ncern or organiza                                                                                                            |                                                                                                                                                                           |                                                                                                                                    | are required from each named<br>all entities (37 CFR 1.27).                                                                                                                       |
| FULL NUME:                                                                        |                                                                                                                                      |                                                                                                                              | <del> </del>                                                                                                                                                              | -                                                                                                                                  | ☐ Individual                                                                                                                                                                      |
| WORES:                                                                            |                                                                                                                                      |                                                                                                                              |                                                                                                                                                                           |                                                                                                                                    | ☐ Small Business Concern ☐ NonProfit Organization                                                                                                                                 |
| TEL NAME:                                                                         |                                                                                                                                      |                                                                                                                              |                                                                                                                                                                           |                                                                                                                                    | □ Individual                                                                                                                                                                      |
| 4                                                                                 |                                                                                                                                      |                                                                                                                              | Small Business Concern                                                                                                                                                    |                                                                                                                                    |                                                                                                                                                                                   |
| DOMEST:                                                                           |                                                                                                                                      | ☐ NonProfit Organization                                                                                                     |                                                                                                                                                                           |                                                                                                                                    |                                                                                                                                                                                   |
|                                                                                   |                                                                                                                                      | See attached sh                                                                                                              | neet for additional person(s) o                                                                                                                                           | onocrn(s) or organizatio                                                                                                           | n(s).                                                                                                                                                                             |
| tity status pri<br>tus as a sma<br>hereby declar<br>believed to<br>ade are puttis | the duty to file,<br>for to paying, or<br>all entity is no lost<br>the that all statements<br>be true; and fur<br>shable by fine, or | in this application<br>at the time of pa<br>ager appropriate<br>ents made herein<br>ther that these star<br>imprisonment, of | n or patent, notification of an sying, the earliest of the issue (37 CFR 1.28(b)).  of my own knowledge are trustements were made with the or both, under section 1001 of | by change in status result of fee or any maintenance the and that all statements knowledge that willful for Title 18 of the United | ting in loss of entitlement to sme<br>effect due after the date on white<br>a made on information and bel-<br>false statements and the like so<br>States Code, and that such will |
| se statements<br>directed.                                                        |                                                                                                                                      |                                                                                                                              | e appusation, any patent issi                                                                                                                                             | ung thereon, or any pate                                                                                                           | ent to which the verified statem                                                                                                                                                  |
| Į.                                                                                | INVENTO                                                                                                                              | OR'S NAME                                                                                                                    | DATE                                                                                                                                                                      | SIGNAT                                                                                                                             | 1                                                                                                                                                                                 |
| ]                                                                                 | VINCENT                                                                                                                              | K, LEE                                                                                                                       | AUGUST 7. 2000                                                                                                                                                            | fincest K                                                                                                                          | Let                                                                                                                                                                               |
| ļ                                                                                 |                                                                                                                                      |                                                                                                                              |                                                                                                                                                                           |                                                                                                                                    |                                                                                                                                                                                   |
|                                                                                   | 1                                                                                                                                    |                                                                                                                              | 1                                                                                                                                                                         | 1                                                                                                                                  |                                                                                                                                                                                   |